

Application for a Massachusetts Operator Certification

A college transcript MUST accompany this application if you have a degree other than AS, BS or MS. Only science/drinking water related courses will be accepted at the equivalency of 30 credits = 1 year of college. **If you have no degree and wish to use your college experience, please see question 4.**

Education. (continued)

3. Certificate (provide copy) ☐ In what discipline? _____

4. _____ years of acceptable college credit without degree.

If you want your college years to be considered, a college transcript MUST accompany this application. Only science/drinking water related courses will be accepted at the equivalency of 30 credits = 1 year of college. **Incomplete applications may result in the issuance of an in-training license. If you later appeal that decision you will be required to submit a separate upgrade application and new \$58.00 license release fee. No exceptions!**

E. Special courses or training certificates.

<i>Name and Address of Institution</i>	<i>Dates Attended</i>	<i>Length of Course</i>	<i>Course Title</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. **Experience.** Please furnish a record of the job(s) you have had that involved the operation of a public water system. List your present employer in the following space. List additional employers in chronological order on an additional sheet of paper.

I. **Position**

Title

Date (when did this position begin?)

Employer's Name

Address

City/Town

Supervisor's Name and Title

Supervisor's Phone Number

Do you engage in the onsite management, operation or maintenance of a public water system or routinely perform water work related duties? ____ yes ____ no

How long have you been performing drinking water operational duties for this system?
_____ years _____ months (total time)

II. **Public Water Supply Information**

What is the Public Water System Name? _____

What is the Public Water System ID Number? _____

What is the DEP classification of the Public Water System? (If not sure, verify by calling your local DEP Regional Office.)

DI ☐ DII ☐ DIII ☐ DIV ☐ VSS ☐ TI ☐ TII ☐ TIII ☐ TIV ☐

III. **List duties and responsibilities (be specific):**

Distribution:

How much of your time is spent on distribution duties each day? ____ hours/day ____ days/week

List Duties _____

Treatment:

How much of your time is spent on treatment duties each day? ____ hours/day ____ days/week

List Duties _____

Experience. (continued)

Name of treatment facility(ies): _____

Type(s) of treatment process: _____

Types of chemical(s) used: _____

Date the facility(ies) placed on-line: _____

G. License/Certifications.

List any licenses/certifications you hold in the United States or any other country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

H. Disciplinary Questions. Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.

	YES	NO
1. Has any disciplinary action been taken against you by a licensing /certification board located in the United States or any other country or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any other country or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board located in the United States or any other country or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever applied for and been denied a professional license in the United States or any other country or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a felony or misdemeanor in the United States or any other country or foreign jurisdiction (other than a traffic violation for which a fine of less than \$100 was assessed)?	<input type="checkbox"/>	<input type="checkbox"/>

I. Employer’s signature

Present Employer _____

J. Photograph. Applicant must attach a 2"x 2" passport size photograph to this application.



K. Affidavit. By signing this application, the applicant attests that this section has been read and fully understood.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be ground for the Massachusetts Board of Certification in Drinking Water to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts law. I further attest that, pursuant to G.L. C. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all taxes required by law.

Signature of Applicant

Date